

**DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CUSTOM GOLF BALL PACKAGE**

and for which a patent application:

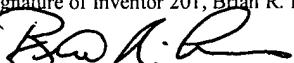
is attached hereto

was filed on (MM/DD/YYYY) as United States Application No.        and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 C.F.R. 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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|--|-------------|---|--------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number  |             | <b>040990</b>   |                    |
| <b>NAME OF FIRST INVENTOR:</b>   |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                    |
| Given Name (first & middle [if any])<br><br>Brian R  |             | Family Name or Surname<br><br>Lucas   |                    |
| Signature of Inventor 201, Brian R. Lucas<br><br> |             | Date<br><br>4-2-04  |                    |
| 2<br>0<br>1<br>Residence: City<br>Foxboro  | State<br>MA | Country<br>USA  | Citizenship<br>USA |
| Mailing Address<br><br>15 Kathryn Road   |             |   |                    |
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